


**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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| In re application of: Schuler et al.<br>Application No: 10/734,076<br>Confirmation No: 7962<br>Filed: December 10, 2003<br>Title: <b>METERED DOSE INHALER WITH LOCKING MECHANISM</b> |  |
| Group No: 3772<br>Examiner: Patel, Nihir B.<br>Attorney Docket No: 53286-US-CNT (NV.0130.00)<br>March 22, 2010<br>San Francisco, California 94107                                    |   |

| Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450   | <b>Extension of Time</b><br><input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136                         |   |              |              |          |         |          |          |            |          |
|--|--|---|--------------|--------------|----------|---------|----------|----------|------------|----------|
| <b>Via U.S. Mail</b><br><br><input type="checkbox"/> Response to Non-Final Office Action<br><input type="checkbox"/> Associate Power of Attorney Statement<br><input checked="" type="checkbox"/> Appeal Brief<br><input type="checkbox"/> Drawings (Formal)<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> PTO-SB08 Form(s)<br><input type="checkbox"/> References<br><input type="checkbox"/> Terminal Disclaimer<br><input checked="" type="checkbox"/> Postcard for Return (1) | <b>Extension (Months)</b><br><input checked="" type="checkbox"/> One Month<br><input type="checkbox"/> Two Months<br><input type="checkbox"/> Three Months | <b>Extension Fee</b><br><table border="1" style="width:100%"> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> <tr> <td>\$130.00</td> <td>\$65.00</td> </tr> <tr> <td>\$490.00</td> <td>\$245.00</td> </tr> <tr> <td>\$1,110.00</td> <td>\$555.00</td> </tr> </table> | Large Entity | Small Entity | \$130.00 | \$65.00 | \$490.00 | \$245.00 | \$1,110.00 | \$555.00 |
|  | Large Entity   | Small Entity  |              |              |          |         |          |          |            |          |
|  | \$130.00   | \$65.00   |              |              |          |         |          |          |            |          |
|  | \$490.00   | \$245.00  |              |              |          |         |          |          |            |          |
|  | \$1,110.00   | \$555.00  |              |              |          |         |          |          |            |          |
| <b>Total \$ 130.00</b>   |  |   |              |              |          |         |          |          |            |          |
| <input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.  |  |   |              |              |          |         |          |          |            |          |

| Fees for Extra Claims     |                                  |                                    |              |              |              |                |
|---------------------------|----------------------------------|------------------------------------|--------------|--------------|--------------|----------------|
|                           | Claims remaining after amendment | Highest number previously paid for | Number Extra | Rate         |              | Additional Fee |
|                           |                                  |                                    |              | Large Entity | Small Entity |                |
| Total Claims              | 32                               | 32                                 | 0            | \$52.00      | \$26.00      | \$0.00         |
| Independent Claims        | 7                                | 7                                  | 0            | \$220.00     | \$110.00     | \$0.00         |
| Multiple Dependent Claims |                                  |                                    | 0            | \$390.00     | \$195.00     | \$0.00         |
|                           |                                  |                                    |              |              |              |                |
| <b>Total</b>              |                                  |                                    |              |              |              | <b>\$0.00</b>  |

|   |  |          |              |          |              |                 |   |
|---|--|----------|--------------|----------|--------------|-----------------|---|
| <b>Fee Payment</b><br><table border="1" style="width:100%"> <tr> <td>Extension Fee</td> <td align="center">\$130.00</td> </tr> <tr> <td>Appeal Brief</td> <td align="center">\$540.00</td> </tr> <tr> <td><b>Total</b></td> <td align="center"><b>\$670.00</b></td> </tr> </table>  | Extension Fee  | \$130.00 | Appeal Brief | \$540.00 | <b>Total</b> | <b>\$670.00</b> | <b>Fee Deficiency</b><br><input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> .<br>and/or<br><input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> . |
| Extension Fee   | \$130.00   |          |              |          |              |                 |   |
| Appeal Brief  | \$540.00   |          |              |          |              |                 |   |
| <b>Total</b>  | <b>\$670.00</b>  |          |              |          |              |                 |   |
| <input type="checkbox"/> Attached is check no. _____ in the sum of \$ <u>0.00</u> .<br><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of <b>\$670.00</b> .   | Please direct telephone calls to: Guy V. Tucker at (415) 538-1555<br>Please continue to send correspondence to:<br>NOVARTIS AG<br>Corporate Intellectual Property<br>One Health Plaza 104/3<br>East Hanover, NJ 07986-1080 |          |              |          |              |                 |   |
| <b>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a):</b><br>I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent at (571)273-8300, or electronically submitted via EFS on the date shown below:<br><br>By: <u>Melanie Hitchcock</u> Date: <u>March 22, 2010</u><br>Melanie Hitchcock | Respectfully Submitted,<br><br>By: <u>Guy V. Tucker</u> Date: <u>March 22, 2010</u><br>Guy V. Tucker<br>Registration No. 45,302  |          |              |          |              |                 |   |